

Nevada County Mental Health and Substance Use Advisory Board Minutes

Date:	February 05, 2021
Time:	10:00 a.m. – 12:30 p.m.
Place:	Zoom and Telephone

STANDING ORDERS

1. **Call to Order and Introductions** – Self-introductions were made.

2. **Public Comment.**

Members of the public may address the board on items not appearing on the agenda. Please understand that no action shall be taken on items not appearing on the agenda. Public Comment can be made during the Zoom Meeting, in the Zoom Chat or on the HNSA@co.nevada.ca.us email address.

Pauli Halstead emailed public comment. Annette LeFrancois read the email and will forward the comment to Mental Health and Substance Use Advisory Board members.

Last Saturday, Community Beyond Violence presented a public awareness forum on Domestic and Sexual Violence: How it Touches Us All. This awareness and dialogue around this topic is much needed in Nevada County which has a concerning and rising problem with this issue. Domestic violence also includes women perpetrators as well as men. I was not able to get my data to Stephanie early enough for them to be presented in the forum, but I have attached my felony re-arrest data, from October through December and also for the month of January.

What is concerning is that many of these perpetrators have a history of domestic and sexual violence that is going untreated. Also, many are promptly released from jail. Many are rearrested for violating a court stay away order.

What can the Board do to encourage our law enforcement officials to find solutions which will protect the victims?

Suggestions:

(1). A mental health hold while in jail, and perhaps a referral to the Crisis Care Center for evaluation, especially for repeat offending DV.

(2). No bail until a court risk assessment hearing which would include a mental health diagnosis and mandated treatment plan.

(3). Longer jail sentences for violating a stay away order.

Data on arrests for October, November and December and January was included in her email.

3. **Announcements**

Amanda Wilcox read an email from Bethany Wilkins. The local harm reduction group I am working with is beginning to train several local establishments on Narcan administration. We are still looking for a space for our weekly distribution site in lieu of the Skatepark in Grass Valley and we have a few potential options for March. The Narcan distribution with mutual aid is also going well and is very successful.

4. Medical Director Report – Aubrey Eubanks, MD.

The Medical Director's role is 80% clinical and 20% administrative.

Dr. Eubanks started working with Nevada County in the fall of 2009. Dr. Eubanks completed her medical training at the University of South California and completed residency at UC Davis. Behavioral Health provides adult psychiatry at the Crown Point and Truckee locations. Dr. Eubanks, Dr. Blair Romer and Dr. Joseph Marzano provide adult psychiatry services. Child and adolescent psychiatric services are provided by Dr. Michael Lin. Dr. Lin also provides psychiatry services in Truckee for adults and children.

The psychiatry staff provide psychiatric assessment, diagnosis and medication management services. There are approximately 460 adults receiving medication management services at the Crown Point location. Psychiatry staff meet with the multi-disciplinary team for coordination of care. There are 100 children receiving medication management in Grass Valley and 40 adults and children in Truckee receiving medication management services.

The client population we serve has severe mental illness; predominately psychotic disorders (schizophrenia, schizoaffective disorder), major mood disorders and a high rate of anxiety disorders usually co-morbid with other disorders. A large percentage of the client population has co-morbid substance use disorder and/or personality disorders. In children ADD and ADHD are often co-morbid in the clients we serve.

Dr. Eubanks talked about psychiatry and the impacts of COVID-19 requiring flexibility and adaptation to provide psychiatry services primarily through telepsychiatry (video or phone) either remotely or at the clinic. Nursing services continue at the clinic including administration of long acting injectables. Case management services are still being provided in the field with COVID precautions. There is concerning data around mental illness and COVID-19. A study from the University of Oxford found one in five people with COVID-19 are diagnosed with a psychiatric disorder within three months. People with a psychiatric diagnosis are 65% more likely to be diagnosed with COVID-19. Many of our clients are struggling with the impacts of isolation, uncertainty, household stress and grief. Children with social anxiety who can attend school through distance learning are doing well. Some adult clients have had unique opportunities for new employment through delivery or shopping services.

There have been many positive changes over the years: better integrated care, Crisis CSU, New antipsychotic medications with fewer side effects, expanded substance use disorder services, and Mobile Crisis.

Challenges include staffing (psychiatrists), shortage of inpatient psychiatric beds, shortage of private practice psychiatrists in Nevada County, and lack of specialty psychiatry services (geriatric and forensic psychiatry).

Strengths include robust case management services, continuum of services, care coordination, strong community partnerships, a team approach and consistent staff.

There was a question about providing services to those with mild mental illness. Behavioral Health is considered a carve out from the Medi-Cal Managed Care Program. Individuals signing up for Medi-Cal in Nevada County sign up for Anthem Blue Cross or California Health and Wellness. These providers are meant to provide the bulk of healthcare: physical healthcare, mental healthcare and dental healthcare. Specialty mental health is a carve out with

clear boundaries on what we can bill Medi-Cal for. The Federal Government is paying the managed care plan to provide benefits to people which includes mental healthcare for individuals with mild or moderate mental illness. Behavioral Health is only allowed to bill for services provided to individuals with serious mental illness. Every client must meet medical necessity criteria. Behavioral Health is required to prove that it is medically necessary for the individual to have our level of care and not the mild or moderate level of care. There are some services provided with Mental Health Services Act funds through community organizations such as FREED for a Senior Home Visiting Program.

5. Mobile Crisis – Ernesto Alvarado and Todd Arvidson.

Todd Arvidson with Sierra Mental Wellness Group supervises the crisis team. Sierra Mental Wellness Group has experience with Mobile Crisis from another County they work with. Mobile Crisis began 1 ½ months ago. There are approximately 150 to 200 crisis assessments every month. The Mobile Crisis Team consists of Ernesto Alvarado, clinician and Deputy Spittler. The Mobile Crisis Team receives calls from Dispatch that are mental health related. So far, they have responded to 55-60 mental health only calls. They have done a lot of outreach to the homeless population in coordination with the Home Team.

6. Mental Health and Substance Use Advisory Board (MHSUAB) Minutes January 8, 2021. Will be reviewed at the next meeting.

7. Behavioral Health Director’s Report – Phebe Bell.

There continues to be COVID outbreaks with our community partners; mostly staff and some clients. Public Health continues to provide advice and support to Behavioral Health and our community partners. The biggest challenge is residential treatment for substance use disorder due to the congregate care settings. COVID vaccination continues for Behavioral Health care providers who have face to face contact with clients. Behavioral Health has implemented in-house COVID testing. This will help catch potential outbreaks sooner.

Phebe Bell shared crisis data for the month of December.

We struggled with low numbers in the Crisis Stabilization Unit with the onset of COVID and now the number of beds utilized has started to increase.

In December there were 197 crisis assessments resulting in 16% hospitalized. Typically, 40% of those in crisis are homeless. Approximately 70% of individuals in crisis are not clients of the public Behavioral Health System. As a small county a few people at a very high level of care can have a huge fiscal impact. In a Murphy Conservatorship typically the individual has been arrested and found incompetent to stand trial; often they are sent to a State Hospital and some are deemed unrestorable. The County is ordered to put them on a Murphy Conservatorship (history of threat of violence). These individuals are difficult and expensive to place. It can cost us \$17,000 per month for one person. Currently there are 3 individuals who may need this level of care. It could cost us \$500,000 to \$600,000 per year; funding we would potentially need to cut from contract programs.

Behavioral Health staffing continues to be a challenge. Recruitment continues for the Adult Program Manager position.

There was a question about today’s public comment and if those concerns are addressed through Stepping Up. Sometimes community members feel that anyone who is violent must be mentally ill; many people who are violent are not mentally ill. Some have trauma, anti-social

personalities, or lived experience with violence. The tools we have in the Mental Health System are predicated on the persons actions are as a result of their mental illness. The Statute calls out examples of that type of mental illness. People acting out of their psychosis, or out of their disconnection from reality.

8. Peer Support – Pauline Abrons and Gayatri Havighurst.

SPIRIT Peer Empowerment Center received a large grant from the Continuum of Care. Over the years SPIRIT has seen an increase in participants who are homeless as they offer showers and laundry. There has been difficulty engaging the homeless in mental health supports offered by SPIRIT. SPIRIT will be hiring a homeless coordinator who will help participants get on SSI and connect them to housing. They are hoping to connect with homeless participants more to get them to participate in support groups and trainings. SPIRIT will be offering daily lunches for the homeless, beginning with 20 lunches per day.

Pauline Abrons announced she is stepping down from her position as Director. Pauline wants to focus on creating a conflict engagement system, outreach, peer support and peer training. There are two strong candidates for the Director position.

9. Forensic Task Force – Amanda Wilcox.

Amanda Wilcox announced she is stepping down from the Forensic Task Force and the Suicide Prevention Task Force. Amanda is planning to move out of state in the spring or summer. The Forensic Task Force Meeting is by invitation. If anyone is interested in participating in the Forensic Task Force, Amanda can pass this information on to the group leaders.

10. Continuum of Care – Shera Banbury.

Shera reported the Continuum of Care (CoC) is meeting in another week. The Housing Committee asked for our support (individually) for the cottage ordinance, it provides smaller units in the same footprint. This would allow for more section 8 voucher renters to be housed. There have been 200 people housing in 2020-2021. There are several housing projects underway. Lone Oak Apartments: 31 units for seniors expected to be complete in March 2021. Artist Lofts in Truckee: 77 units, 10 units will be low income. Brunswick Commons will have 41 units. Cashin's Field will have 51 units and is expected to be completed in the summer of 2021. Odyssey House is currently being remodeled and is expected to be complete in June 2021. The Coach n Four is being remodeled. Cal OES has 9 trailers at the Fairgrounds that are being used for COVID isolation. The Ranch House (6 units) will be going to the Board of Supervisors this month.

11. Suicide Prevention Task Force – Amanda Wilcox.

Amanda Announced she is stepping down from the Suicide Prevention Task Force. The meetings are open if anyone is interested in participating. A decision was made to remove this item from future agendas.

12. Update Mental Health and Substance Use Advisory Board Annual Calendar. Amanda Wilcox.

Phebe Bell and Amanda Wilcox worked on updating the calendar. Annette LeFrancois emailed out the updated Mental Health and Substance Use Advisory Board Calendar. Amanda Wilcox mentioned that we have our annual report to the Board of Supervisors in May and this report can also be used as our report to the California Association of Local Behavioral Health Boards and Commissions. The calendar is useful as a guide in keeping us on track and scheduling speakers to present regularly.

Amanda Wilcox asked if anyone had any suggestions for comments. Ann Kelley made a motion to approve the revised calendar. The motion was seconded by Shera Banbury. All members present were in favor.

13. California Association of Local Behavioral Health Boards and Commissions – Shera Banbury.

The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) is stressing cultural diversity. They want to make sure boards have at least 20% consumers, and at least 20% shall be the families of consumers. The board membership should also reflect the diversity of the client population in the county to the extent possible.

There are online trainings available on Mental Health Board Training and Unconscious Bias on the CALBHBC website: <https://www.calbhbc.org/>.

14. March Meeting Agenda and speakers – Amanda Wilcox.

We are moving the Substance Use Disorder review to March; it will be a shorter presentation as there was a more in-depth overview in August. Also, on the calendar for March is the proposed Behavioral Health budget. There was a suggestion to invite Toby Guevin, Suicide Prevention Coordinator to the March meeting, as Odyssey House is still being renovated.

15. Communication – Future Mental Health Board Agenda Items.

Email future agenda items to Annette LeFrancois at annette.lefrancois@co.nevada.ca.us.

Currently we are following the Mental Health and Substance Use Advisory Board Calendar for future presentations and speakers.

Below is a list of future presentations and speakers that Mental Health and Substance Use Advisory Board members have suggested.

- a) Toby Guevin, Suicide Prevention Coordinator
- b) Medication Issues
- c) Sheriff Shannan Moon
- d) 211/Connecting Point
- e) Project Heart
- f) Lynn DeMartini, PhD

ATTENDANCE:

Members Present: Amanda Wilcox, Supervisor Hall, Janice Deardorff, Shera Banbury, Ann Kelley, Donna Tully, Laura Preston, Anne Rarick.

Excused Absent: Lori Malone, Iden Rogers, Donna Tully, Bethany Wilkins.

BH Staff: Phebe Bell, Annette LeFrancois, Aubrey Eubanks.

Visitors: Gayatri Havighurst, Suzanne Nobles, Todd Arvidson, Cindy Baily, Ernesto Alvarado, Sam Sebastian, Pauline Abrons.

Minutes by Annette LeFrancois